



Heart Felt Childcare Enrollment Contract

Dates of Contract: _____

I hereby employ Heart Felt Childcare as my childcare provider. For my child/ren as follow:

Child's name _____ Date of Birth: _____

Child's name _____ Date of Birth: _____

Child's name _____ Date of Birth: _____

Parent Fees: I agree to pay a parent fee of \$ _____ monthly for childcare and a non-refundable registration/holding fee of \$150.00 initially and annually each August.

When Payments are due: 1st and/or the 15th of each month:

Payments are made in advance before services begin. All payments are due on the 1st and/or the 15th before end of day. Weekly payments are due regardless if the child misses a day or the complete week. Fees will not be waived unless the child has a doctor's note. Arrangements for late and non-payments must be made and approved by the Director.

_____ Parent's Initial _____ Director's Initial

The Registration fee of \$150.00 will be renewable every first week in the month of August. You will be expected to pay the registration fee annually.

_____ Parent's Initial _____ Director's Initial

Late Payments: All payments received after the due date will incur a late fee of \$5.00 for every weekday, and \$20 for the weekends.

_____ Parent's Initial _____ Director's Initial

Payment Policy

- Services will be terminated if payment (including late payments and penalties) is not received by the 5th business day after payment is due. Services can be reinstated once full payment is made.
- Payments may be made in cash, check, money order, and card services.
- Checks should be made payable to Heart Felt Childcare. Checks should be submitted by Wednesday. Checks will only be accepted if they are from a local bank.
- If payment is made by a check that is returned, you must pay a return check fee of \$35.00 or 5.0% of the face amount of the check whichever is greater, plus any fees charged by our bank because of your check being returned for nonpayment. **WE WILL NO LONGER ACCEPT CHECKS FROM THAT ACCOUNT HOLDER WHEN A NON-SUFFICIENT FUND OCCURS.**
- All tuition and fees are the responsibility of the contract signer on the account. Any other payment arrangements are between the contract signer and the sponsor. Heart Felt Childcare holds the contract signer responsible for payments.
- Partial payments are not acceptable, if arrangement has been made the director.
- Persistent late payments are grounds for termination of childcare.
- If the contract signer account is turned over to our Associates Collections, the contract signer agrees to pay all collection costs, your account will also be added to the Provider Watch Childcare Credit Reporting Agency.

_____ Parent's Initial _____ Director's Initial

Withdrawal Policy

A two-week written notice is required if you plan to withdraw your child (ren). The notice is NOT effective until received by the director in writing. If a notice is NOT received, a fee equal to TWO week's tuition will be charged. Interest-Any unpaid balance due and owing upon withdrawal of the child will accrue interest after (30) days at the rate of 1.5% per month until paid in full. In the event it is necessary to pursue legal means to obtain payment for the services rendered to you, you agree to pay the amounts owed, plus 15% attorney's fees. If your account is turned over for collections, you agree to pay all collection costs.

_____ Parent's Initial _____ Director's Initial

Childcare Assistance

The rates charged by Heart Felt Childcare are greater than the tuition paid by Community Childcare Solutions. The party signing this contract must pay the total fee less any payments made by Community Solutions. Any balances that are not covered by your childcare assistance provider is the responsibility of Contract Signer on the account.

Your weekly fees include registration, activity fees, and tuition.

_____ Parent's Initial _____ Director's Initial

By Signing Below, you understand and agree to the terms and policy of this contract.

Parent Name

Date

Parent Signature

Date

Address:

City _____ State _____ Zip _____

Social Security Number (Parent) _____

Driver's License Number: _____ Exp Date: _____

Director or Administrator Signature

Date
